



FINAL ROSTER

**Parks &
Recreation**

349-3700

League _____ Team _____ Date Audited: _____

I, the undersigned player, acknowledge, agree and understand that: 1. Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated above. 2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. 3. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death. 4. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding, and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. 5. In the event of such an injury to myself or my child and I or my spouse cannot be contacted. I give permission to the attending physician to render such treatment as would be normal and agree to pay the usual charges for such treatment. Further, I the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the fields arranged for by the team or league: 1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged or by my team or league for practice or play. 2. I release, discharge, and agree not to sue the team and league designated above, the City of Bloomington or other entity designated above, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby release.

Office Use Only

	Print Name	Address	Home Phone#	Age	In-City	Disc. Paid
	Signature	City Zip	Wk Phone #		Out	
1						
	Other Team(s) w/ Leagues You Play On:					
2						
	Other Team(s) w/ Leagues You Play On:					
3						
	Other Team(s) w/ Leagues You Play On:					

4						
	Other Team(s) w/ Leagues You Play On:					
5						
	Other Team(s) w/ Leagues You Play On:					
6						
	Other Team(s) w/ Leagues You Play On:					
7						
	Other Team(s) w/ Leagues You Play On:					
8						
	Other Team(s) w/ Leagues You Play On:					
9						
	Other Team(s) w/ Leagues You Play On:					
10						
	Other Team(s) w/ Leagues You Play On:					

11						
	Other Team(s) w/ Leagues You Play On:					
12						
	Other Team(s) w/ Leagues You Play On:					
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	Other Team(s) w/ Leagues You Play On:					
14						
	Other Team(s) w/ Leagues You Play On:					
15						
	Other Team(s) w/ Leagues You Play On:					
16						
	Other Team(s) w/ Leagues You Play On:					
17						
	Other Team(s) w/ Leagues You Play On:					

As manager of this team, I have duly signed the above players and certify that appropriate individual fees have been submitted and that each player has read and understands the statements on this roster.

Signed (Manager):_____Date:_____ All refunds will be subject to a minimum \$2 fee to cover administrative costs. Players fees are not transferable to another player after participation in one league game. Any player added at any time during the season must pay the entire player fee.



RESERVE PLAYERS FINAL ROSTER

**Parks &
Recreation**

349-3700

League _____ Team _____ Date Audited: _____

As a manager, you are allowed to designate 3 reserve players to fill your roster throughout this softball season. They must be approved by Twin Lakes Management. Reserve players are not required to pay a player fee—because they will be filling a spot on your roster that belongs to an absent player who has already paid the full fee. Reserve players are intended to be substitute players on occasional game dates where the manager is unable to field a full team. These reserve players are subject to roster audits just as any other regular player. You may not change the reserve players on this roster without express consent of Twin Lakes Management. Failure to comply will result in disciplinary action.

I, the undersigned player, acknowledge, agree and understand that: 1. Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated above. 2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. 3. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death. 4. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding, and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. 5. In the event of such an injury to myself or my child and I or my spouse cannot be contacted. I give permission to the attending physician to render such treatment as would be normal and agree to pay the usual charges for such treatment. Further, I the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the fields arranged for by the team or league: 1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged or by my team or league for practice or play. 2. I release, discharge, and agree not to sue the team and league designated above, the City of Bloomington or other entity designated above, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby release.

	Print Name	Address	Home Phone #	Age
	Signature	City Zip	Wk Phone #	
1				
	Other Team(s) w/ Leagues You Play On:			
2				
	Other Team(s) w/ Leagues You Play On:			
3				
	Other Team(s) w/ Leagues You Play On:			

As manager of this team, I have duly signed the above players and certify that each player has read and understands the statements on this roster.

Signed (Manager): _____

Date: _____